

State Elected Official Financial Disclosure Form

Name of Official:

Dave Kinskey

Office Held:

Legislature

Senate District (if applicable):

22

House District (if applicable):

Business Address:

614 Mountain Shadows Blvd

Business City, State and Zip:

Sheridan, WY 82801

Business Phone:

(307) 751-6428

Home Address:

see above

Home City, State and Zip:

Home Phone:

() _____

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JAN 22 2019

WYOMING
SECRETARY OF
STATE

I. Offices, Directorships and Employment

(Please use additional sheets as necessary.)

- a) List the *offices* held in business enterprises. This includes partnerships.

Office Held

Name and Address of Enterprise

TK, LLC

Manager

- b) List any *directorship positions* held in business enterprises.

Name of Enterprise

Address of Enterprise

- c) Salaried Employment

Job Title

Name and Address of Enterprise

Wyo Legislature

3001 E Pershing Blvd

Kisling Law, LLC

Cheyenne WY 82001

203 S. Main

Suite 3300

Sheridan, WY

82801

II. Sources of Income

(Please use additional sheets as necessary.)

a) Employment

Name of Employer

Address of Employer

See I, c.

- b) Business Interests - list the names and addresses of all business entities in which you have a business interest (W.S. 9-13-108 (c) states: "Name and address of all business entities but excluding interests if less than ten percent (10%) of the entity is owned, or sole proprietorship from which income is earned. . . .")

Name of Business Entity

Address of Business Entity

see I, a.

c) Investments

Income Earned

A. Any security or interest earnings

☒

Yes

☐

No

B. Real estate, leases, royalties

☒

Yes

☐

No

d) Other (describe generally):

On this 22d day of January, 2019, I affirm that the preceding information is accurate.

Dave Sinskey
Signature